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Bib Data Sheet

CONFIRMATION NO. 6883

<b>SERIAL NUMBER</b> 09/974,780	<b>FILING DATE</b> 10/09/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 7040-46	
<b>APPLICANTS</b> Max Schaldach, Berlin, GERMANY, Deceased; Max Schaldach JR., Berlin, GERMANY, Legal Representative; Daniel Lootz, Warnemuende, GERMANY; Karsten Koop, Rostock, GERMANY; Curt Kranz, Berlin, GERMANY;					
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> GERMANY 100 50 971.1 10/10/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/14/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 021324					
<b>TITLE</b> Stent					
<b>FILING FEE RECEIVED</b> 1590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		